

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

REC'D AUG 25 1938

**1. PLACE OF DEATH**

County New Madrid Registration District No. 629  
 Township Portage Primary Registration District No. 5816  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 26030

Registered No. \_\_\_\_\_

**2. FULL NAME**

Georgia Clinton 4533  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Clinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1896

7. AGE YEARS about 42 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk

17. INFORMANT George Clinton  
 (ADDRESS) Portage, Mo. R1. R12A

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton, Mo DATE July 26 38

19. UNDERTAKER Richard Ward Co.  
 (ADDRESS) New Madrid, Mo

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Registrar. 52

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1938, to July 23, 1938

I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Tentative Date of onset \_\_\_\_\_

Other contributory causes of importance:

Sally Jones

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Clavel M. Jones, M. D.

(Address) New Madrid, Mo

N. B. Every item of information should be CAUSE OF DEATH in plain terms, so that it may be clear.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26030  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607  
(b) Township Portage Primary Registration District No. 2806 Registered No. 56  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Georgia Clinton

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Clinton  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1896  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
abt 42  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
Industry or business in which work done, as saw mill, bank, etc.  
to deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 22 to July 22, 1938  
I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 10 A.M.  
The principal cause of death and related causes of importance were as follows:

peritonitis  
Date of onset  
Other contributory causes of importance:  
Salpingitis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

13. NAME WMC

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

15. MAIDEN NAME WMC

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT George Clinton (ADDRESS) Portage Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carson DATE July 26 1938

19. FUNERAL DIRECTOR Richard Holt (ADDRESS) New Madrid Mo

20. FILED 9-17 1938 Mary W. Cook Local Registrar.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury 27A  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? If so, specify.  
(Signed) Claude Mc Raven, M. D.  
(Address) Marston Miss

WRITE PLAINLY IN INK  
DO NOT WRITE IN RED INK  
DO NOT WRITE IN PENCIL  
DO NOT WRITE IN BLUE INK  
DO NOT WRITE IN GORE  
DO NOT WRITE IN INK THAT IS FADING  
DO NOT WRITE IN INK THAT IS BLEEDING THROUGH  
DO NOT WRITE IN INK THAT IS NOT FULLY DRY  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST QUALITY  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST BRAND  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST MANUFACTURE  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST MATERIAL  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST COLOR  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST TASTE  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST SMELL  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST FEEL  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST SOUND  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST TOUCH  
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DO NOT WRITE IN INK THAT IS NOT OF THE BEST SOUND  
DO NOT WRITE IN INK THAT IS NOT OF THE BEST TOUCH  
REGISTERED MAIL  
RECORDED  
INDEXED  
FILED  
MAY 17 1938  
MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ST. LOUIS, MISSOURI

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S-26030